City of Rockville
2008/2009 Human Services Nonprofit Grant Process
INSTRUCTIONS and ATTACHMENTS

---

1. **Eligibility** – Only nonprofit organizations that provide services to Rockville residents are eligible to apply. Please be advised that the City of Rockville continues to require grantees to maintain a system of outcomes measurement consistent with the standards and process developed by the Montgomery Organizational Development Group.

2. **Deadline** – All applications and attachments must be received by the City of Rockville Department of Community Services Office by **5:00 p.m. on Thursday, January 17, 2008**.

3. **Technical Assistance Session** – To encourage the submission of quality applications, a technical assistance session will be held on **Monday, January 7, 3-4:00 p.m.** in the Blue Crab Conference Room of Rockville City Hall, 111 Maryland Avenue, Rockville.

4. **Mailing Address** – All applications are to be mailed or delivered to:

    Mary Lou Jacobs
    Community Services Manager
    20 Courthouse Square #205
    Rockville, Maryland 20850

5. **Required Attachments and Signatures** – The application must be signed and dated by both the Executive Director and President of the Board of the agency. If the same person holds both positions, a second leadership signature from an authorized Board member is required. The grant application will not be accepted without required signatures. ONE COPY of each of the following attachments must be included with the application.

    One copy of the following:
    - Audit, Financial Statement, or compilation for most recent completed operating year
    - IRS Form 990 for most recent completed operating year
    - Board Roster identifying officers, term limits, addresses, and phone numbers.
    - Certificate of Insurance for all insurance policies covering the program, including type and amount of insurance and name of insurer

6. **Number of Copies** – Submit the original with the above required attachments, and eight (8) copies of the application only (*not including* the above required attachments.)

7. **Space Requirements** – Applicants are to use only the space and format provided when responding to questions contained in the grant application. The forms should not be altered. Failure to adhere to the space/format requirements and/or required font size (see item #10 below) may render a proposal ineligible for funding consideration.

8. **Three-hole Punch** – All eight (8) copies, but not the original, must be three-hole punched in the left margin of the pages.

9. **Miscellaneous Attachments** – Do not enclose cover letters, letters of endorsement, video tapes, annual reports, etc. These items will not be considered.

10. **Font Size and Presentation** – Only a font size equivalent to Times Roman 10-point or larger is acceptable, except on page 6 of the program grant proposal where the font may be smaller to accommodate the budget format. ***Applications must be typed or computer generated***

11. **Geographic Area Served** – Grants will be awarded for local programs and services that benefit residents of the City of Rockville. A resident is anyone residing within the corporate city limits of Rockville whose address is included on the City Street Listing.

12. **Fiscal Year** – The fiscal period used for Rockville funding is July 1 through June 30. All applicants must use this funding period for providing information requested in the Rockville Nonprofit Grant Application. For this application, the Current Year is defined as Fiscal Year 2008 (July 1, 2007 through June 30, 2008). The Grant year is defined as Fiscal Year 2009 (July 1, 2008 through June 30, 2009).

13. **Electronic Copy** – An electronic copy of the application form may be obtained from the City's webpage at www.rockvillemd.gov. Applicants may also request an electronic copy by calling Marcia Freeman at 240-314-8310.

14. **Grant Preparation Resources –** The following attachments were prepared to promote uniform understanding of the grant application and to give applicants examples of required information.
    Units of Service Information Examples – Attachment 1
    Definitions for Revenue and Expense Line Items – Attachment 2
    Program Measures Instructions – Attachment 3

    Applicants may direct any questions to Mary Lou Jacobs at 240-314-8303.

15. **Grant Award Notification** – On or after March 24, 2008, all applicants will be notified, in writing, of the grant recommendations made by the City Manager to the Mayor and City Council. Applicants will have an opportunity to speak in support of their grant request at a Budget Public Hearing on March 31 or April 14 in the Mayor and Council Chambers at Rockville City Hall, 111 Maryland Avenue in Rockville. Final decisions will be made by the Mayor and Council on the City's Fiscal Year 2009 budget on May 19, 2008. Notification of grant awards will be mailed shortly thereafter.

THE CHILDREN'S CENTER

Program 1: Team Mothers Parenting Education

Unit Definition:	Number of pregnant teens attending program
Unit of Service Count:	20 pregnant teens
Calculation:	$27,000 (total program cost) ÷ 20 pregnant teens
Unit of Service Cost:	$1,350.00 per teen

Program 2: Developmental Day Care

Unit of Service Definition:	Days of Care provided
Unit of Service Count:	240 Days (Year) X 45 Children =10,800 Days of Care
Calculation:	$140,000 (total program cost) ÷10,800 days of care
Unit of Service Cost:	$13 per day or $65 per week

Program 3: Child Abuse Public Awareness and Prevention

Unit of Service Definition:	1) Number of PSA aired; 2) Number of posters placed; and 3) Number of brochures distributed.
Unit of Service Count:	1) 4 PSA's aired 24 times
Calculation:	$6,000 (total program cost) ÷ 24 PSA's
Unit of Service Cost:	$250 per PSA
	2) 400 posters placed
Calculation:	$800 (total program cost) ÷ 400 posters
Unit of Service Cost:	$2 per poster
	3) 14,000 brochures distributed
Calculation:	$2800 (total program cost) ÷ 14,000 brochures
Unit of Service Cost:	20¢ per brochure

Program 4: Neighborhood Organizing

Unit of Service Definition:	Number of Residents attending meetings, Clean-ups, and Block Parties
Unit of Service Count:	350 (total number participating in all events)
Calculation:	$28,000 (total program cost) ÷ 350 participants
Unit of Service Cost:	$80 per participant

Revenue Line Items

The Budget. The following definitions are intended to guide organizations in determining to which revenue line item a given source of financial support should be charged. The hope here is to avoid varying interpretations and promote uniform understanding and application among applicant organizations.

❑ **Contributions (Line 1)** – Contributions include only amounts for which the donor receives no direct private benefits. They are, therefore, to be carefully distinguished from membership dues and program fees which represent payments made in return for direct private benefits.

All contributions received directly from individual donors and organizations and not resulting from a federated fund-raising campaign or other grant source are to be included in this classification. Amounts paid ostensibly as memberships, but which are in fact contributions, should be included here; likewise, the excess amount paid over the regular membership fee should also be included.

The following are examples of *source of support* to be reported in this category:
1. Individuals, including an agency's own Board members, employees and their acquaintances;
2. Corporations and other businesses;
3. Contributions in response to door-to-door, mail, and other solicitations conducted by an agency itself; and
4. Fraternal, civic, social and other unrelated groups (i.e., direct contributions, excluding contributions raised through organized campaigns).

Special Events Income - includes support and incidental revenue derived from total agency special fund-raising events during the period of the report. These are affairs in which something of value is offered directly to participants for (or in anticipation of) a payment and a contribution adequate to yield revenue for the agency over and above direct costs and expenses.

❑ **Grants from Foundations (Line 2) –** This revenue line is reserved to show the source of income from foundations. *An "X" is to be placed by income that is confirmed.*

❑ **In Kind Contributions (Line 3) –** This category is used to reflect the monetary value of donated goods and supplies. The applicant is to include only the amount equal to that reflected in the expense portion of the lower budget. In effect, the two will negate each other. The value of showing this form of support is that it presents an accurate picture of the true cost of the program in the event that the applicant had to purchase donated goods, supplies, staff and services donated to it.

❑ **Fees and Grants from Government Sources (Line 4) –** All support and revenue that an agency receives from governmental sources is to be reported in this classification. For some agencies, this may require the combining of purchase-of-service, fees, and contract payments from local, state, and federal organizations. *The applicant is to identify the source and place an "X" by income that is confirmed.*

❑ **Program Fees (Line 5)** – This classification includes fee payments received for services furnished by the organization (e.g., medical services, counseling, day care for children). Whether an agency uses a fee schedule or merely requests clients to pay what they feel they can afford, any payments solicited or accepted as a contribution in return for an agency's professional services belong in this classification.

❑ **United Way, Montgomery Alliance or CFC Designations (Line 6) –** This category is for reporting revenue designated to the agency through the United Way, Montgomery Alliance and the Combined Federal Campaign.

❑ **United Way or Montgomery Alliance Community Services Funds (Line 7)** – This category is for reporting revenue granted to the agency through the Community Services Fund grant process of United Way or Montgomery Alliance.

❑ **Other Support/Revenue (Line 8) –** This category is reserved for revenue not reported in other accounts

❑ **Total Support and Revenue (Line 9) –** This reflects the total income from lines 1 through 8.

The following definitions are intended to guide organizations in determining which expense line item a given expense should be charged. The hope here is to avoid varying interpretations and promote uniform understanding and application among agencies.

❑ **Personnel (Line 10) –** This expense account group is reserved for salaries and wages, benefits and taxes earned by or paid for an organization's regular employees (full or part-time) and by temporary employees, including "Office Temporaries" other than consultations and others engaged on an individual contract basis. Salaries are compensation paid periodically for managerial, administrative, professional, clerical, and other supportive services. Wages are compensation paid periodically on piecework, hourly, daily or weekly basis for manual labor, skilled or unskilled, or a fixed sum for a certain amount of such labor.

Salaries/wages are divided into the following categories:

1. Management – administrative positions such as executive director, controller, and assistant directors whose responsibilities include managing staff.

2. Program – professionals directly involved in an agency's programs such as program directors, therapists, etc.; and

3. Support – clerical or other positions such as receptionist, bookkeeper, van driver, maintenance (also known as non-management or non-exempt).

Employee Benefits – This expense account group is reserved for amounts paid or accrued by an agency under its own or other (private) employee health and retirement benefit plans, including voluntary employee termination or retirement payments outside a formal plan.

Sub-categories include: Accident Insurance Premiums; Life Insurance Premiums; Medical and Hospital Plan Premiums; Pension or Retirement Plan Premiums; Supplemental Payments to Pensioned Employees; Payments to Annuitants, and Employment Termination Expenses.

Payroll Taxes – This expense account group is reserved for social security taxes and compensation insurance premiums payable by employers under federal, state, or local laws.

This account accumulates all payroll tax expenses, FICA payments (employer's share), Unemployment Insurance, Workmen's Compensation Insurance, and Disability Insurance Premiums.

❑ **Consultants/Contract Services (Line 11) –** This expense account group is reserved for fees and charges of professional practitioners, technical consultants, or semi-professional technicians who are not employees of the agency and are engaged as independent contractors for specified services, on a fee or other individual contract basis.

❑ **Occupancy (Line 12) –** This expense category includes all costs arising from an agency's occupancy and use of owned or leased land, buildings and offices.

Examples of expenses in this category would include: office rent; building/property and equipment insurance; janitorial and maintenance services under contract; electricity/gas/water and other utilities; and building/grounds maintenance supplies.

❑ **Consumable Supplies (Line 13)** - This expense account group is reserved for the cost of materials, appliances and other supplies used by the agency.

- **Transportation/Travel (Line 14) –** This expense account group is reserved for expenses of travel and transportation of staff and clients of the reporting agency.

  Included in this line item would be: local bus and taxi fares; gas and oil for agency vehicles; repairs; vehicle insurance; licenses and permits; leasing costs; mileage reimbursement or auto allowances for employees and direct service volunteers; and tires. Purchase of transportation services should be included in this line item.

- **Liability Insurance (Line 15)** – This expense category would include all insurance costs incurred by the agency except for vehicle insurance, building and equipment insurance, employee accident insurance, life/unemployment and disability insurance, and workman's compensation insurance, which are reported in other line items.

  Expenses in this category would include: employee liability insurance, Board liability insurance, medical malpractice insurance, and other types of insurance coverage.

- **Rental/Lease of Equipment (Line 16)** – This expense account group is reserved for the costs of renting and maintaining equipment used by the agency in conducting its programs and/or support functions. This would include such items as service contracts for computers, typewriters, and similar equipment.

  This account group would include the following expenses: rental of equipment and maintenance of equipment.

- **Other Direct Costs (Line 17)** – This expense line is reserved for costs not reportable in other classifications or unique to the program for which funding is requested.

- **Subtotal (Line 18) –** This subtotal reflects program expenses shown in line items 10 through 17.

- **Depreciation (Line 19) –** This line item is intended for the allocation of the cost or other carrying value of physical assets over their estimated lives. Provision for depreciation or amortization of an accounting process intended to spread the cost of such assets over the period of time during which their use benefits the program or supporting activities of the agency; it should not be viewed as a means of funding the replacement of physical assets.

- **Other (Line 20) –** This expense line item is for any specific expenses an agency wishes to report that are not included in the above categories. This might include management and general expenses (the portion of administrative overhead assigned to this program.) Management and General need not be reflected in your budget, but may include the auxiliary services needed to support the program. Some of these include:
  - ❖ Board and Committee meetings
  - ❖ Executive Director
  - ❖ Office Management
  - ❖ Accounting, Auditing, and Budgeting
  - ❖ Corporate Legal Services
  - ❖ Receptionist, Switchboard, Mail Distribution, and other Central Services
  - ❖ Fund Raising Activities

- **Total Expenses (Line 21) –** This number reflects the total cost of the program and is arrived at by adding the subtotal shown in line 18 and lines 19 and 20.

- **Excess (Deficit) (Line 22) –** This line item reflects the difference between total program support and revenue (line 9) and total program expenses (line 21). An excess is the result when there is more revenue than expense. When expense is greater than revenue, the result is a deficit. *A deficit should be denoted with the value in parentheses.*

ATTACHMENT 3
Program Measures Instructions

Please complete each box on the Program Measures form, consistent with the following instructions.

Agency: Specify the applicant agency.

Program: Specify the *program* for which funds are requested (not the whole organization.).

Program Location: Specify the address at which *these program services* for which you are requesting funding will be delivered. If program location is confidential to protect clients, use your mailing address.

Hours/Days of Operation: Specify the hours and days of the week that these program services will usually be delivered (e.g., noon- 3 p.m., Monday – Friday).

Program Purpose: Provide a one-sentence summary of the purpose of the program..

Outcomes: are benefits or changes for individuals or populations during or after participating in program activities. See Attachment 2 for definitions and examples of program outcomes. **Indicators** identify what is being measured to track how well the program is achieving its outcome. An indicator is observable and measurable. For example, an indicator could be the number and percent of participants who achieve a specific outcome. When an indicator is stated as a *projection* of what level of achievement the program hopes to accomplish, it is considered a target, not a promise.

Providers of homeless and adult mental health services are expected to report on the common core outcomes developed for these service areas as part of their outcomes reporting. The common core outcomes and indicators for these service areas are available at by emailing mjacobs@rockvillemd.gov.

To complete this section of the Program Measures form, start by restating the initial, intermediate and long term outcomes that appear in Item 3, page 2 (Program Outcomes) of this application.
- Under each outcome, list the relevant indicator(s) you will use to track your program's success on outcomes.
- For each indicator, *complete the next four columns with both numbers and percentages* (07Actual, 08 Projected (the word "projected" is used because we aren't done with 08 yet,) 08 Actual at 6 Months (because you HAVE finished 6 months of your 08 year,) and 09 Estimated.
- In the **07 actual** column, enter your program data covering the period of July 1, 2006 through June 30, 2007, if you are not a new program.
- In the **08 projected via 08 grant app.** column, the entry should read what your **08 Projected** reading was in your submitted 08 grant application. If your outcome measures or indicators were modified during the application review process, use the final approved version.
- In the **08 actual @ 6 months** column, enter data collected in the first 6 months of 08 for this program. (If program data is not available for any or all of these periods, enter "NA.")
- In the **09 estimated** column, enter your estimates for the program's level of achievement for the period of July 1, 2008 through June 30, 2009. This column should be completed even if you entered "NA" in any of the first three columns.

Outputs: Specify the direct products of program activities, which are usually measured in terms of the volume of work accomplished. Outputs include the numbers of classes taught, counseling sessions conducted, educational materials distributed, and participants served. Fill in all columns if your program has been operating since FY '07.

Results of Customer Satisfaction Surveys: By now, all programs should be inquiring about their customers' satisfaction in some way. Please report on how your program is doing.

Unduplicated Client Statistics: Self explanatory.

Back of the form – Pg. 8. Only Question 2 is optional!! If there is nothing to discuss under Question 1, please say so.

At the bottom of the form, indicate the full name, title, and email address of the person who completed the form together with the date the form was completed.